
 <div style="display: inline-block; text-align: center;"> United States Environmental Protection Agency Washington, DC 20460 </div>		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number 86182 / 86182-L		2. EPA Product Manager Lindsey Roe	
4. Company/Product (Name) Stockton (Israel) Ltd. STK-20; ABN: Regev		3. Proposed Classification <input checked="" type="checkbox"/> None Restricted	
5. Name and Address of Applicant (Include Zip Code) Stockton (Israel) Ltd. 17 Ha 'Mefalsim St. Petach Tikva 4951447 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No. Product Name:	
Section - II			
<input type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Notification - Explain below. <input checked="" type="checkbox"/> Other - Explain below.			
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) An updated matrix was requested by the Agency on June 7, 2019 in order to combine the 2 data matrices already submitted for the product.			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging wgt. No. per container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package wgt. No. per container	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) HDPE lined bags
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 1 and 2.5 gallons	
		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithograph <input type="checkbox"/> Other ___adhesive backed label_____ <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled	
Section - IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Rachel L Hardie		Title Agent	
		Telephone No. (Include Area Code) (302) 635-7289 (rachel@wagnerreg.com)	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Agent	
4. Typed Name Rachel L Hardie		5. Date June 10, 2019	